

to eggs, latex





2012-2013 INFLUENZA (INACTIVATED) VACCINE ADMINISTRATION RECORD (VAR)

LAST NAME FI	RST NAME	MI
MAILING ADDRESS		
CITY STATE ZIF	P HOME F	PHONE
DATE OF BIRTH GENDER AGE	Anthem	ID Number (ex. 123M45678):
M M D D Y Y Y Y M F		
PRIMARY PHYSICIAN PHON	NE	FAX Date://
 Yes		
SIGNATURE OF PATIENT OR GUARDIAN	DATE	
PRINTED NAME OF PATIENT OR GUARDIAN RELATION TO PATIENT		
FOR PHARMACIST USE ONLY		
DRUG (ADMINISTRATION FEE INCLUDED)	CLINIC USE	
	Store #:	
PLACE APPROPRIATE PHARMACY LABEL HERE	Manufacturer:	VIS Date: 8 / 2 / 2012
		Data Administered
VACCINATOR SHOULD SIGN OR INITIAL THIS LABEL	Lot #:	Date Administered:
Ago/Control digeties Demis dess.		Injection Site: IM
Age/Contraindication Reminders: • Afluria® - FDA-approved ≥9 yrs.; Contraindications: Allergies to	Expiration Date:	l or D Daltaid
eggs, neomycin, polymyxin		L or R Deltoid Signature of Vaccinator:
 Fluvirin® - FDA-approved ≥4 yrs.; Contraindications: Allergies to eggs, latex 	Dose:	
• Fluzone HD® - FDA-approved≥65yrs.; Contraindications: Allergies to eggs, latex	0.5mL	

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